

**VOLUNTARY CERTIFIED ACCESS SPECIALIST PROGRAM**

Please Print or Type all Information – or you may fill out on-line and print for signatures
ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS

Questionnaire for Candidates Requesting Test Accommodations

DSA-Voluntary Certified Access Specialist Program must receive your request by the registration deadline for the exam you wish to take. Incomplete requests or requests not received by the registration deadline of the requested exam will be denied.

If you are making a request for accommodations with DSA for the first time, you must complete the Questionnaire for Candidates Requesting Test Accommodation. Submission of an accommodation request does not guarantee that testing accommodations will be provided. DSA will review your request and professional recommendations to determine whether a qualifying disability has been documented.

1. **Read the guidelines titled ADA Test Accommodations Guidelines carefully.** Share them with the professionals who will be preparing your supporting documentation. The information in the guidelines is intended for candidates, evaluators, qualified professionals, and others involved in the process of documenting a request for test accommodations.
2. Be sure to provide all requested information on the questionnaire. The individual requesting accommodations must personally submit a written request. Requests by a third party, such as an evaluator or other official, will not be accepted.
3. In addition to the questionnaire and the personal statement from the candidate, the request for accommodation must include a detailed, comprehensive written report describing the disability and the resulting functional limitations and explaining the need for the requested accommodations. Compare your documentation with the information listed in the guidelines to ensure that your request is complete. Incomplete documentation may delay processing of your request.
4. You may have your college, university, or school complete the Certificate of Prior Test Accommodations form if you have received accommodations from them previously.
5. Sign the questionnaire and personal statement where indicated.
6. The deadline for submitting requests for accommodations is the same as the deadline for applying to take the exam in your jurisdiction. DSA encourages you to submit your request and documentation well in advance of the exam registration deadline in case questions arise regarding the request or the documentation submitted in support of that request.
7. Send your request for test accommodations and your supporting documentation to:

DSA
Attn: Elizabeth Randolph
1102 Q Street, Suite 5100
Sacramento, CA 95811

Questionnaire for Candidates Requesting Test Accommodations

DSA-Voluntary Certified Access Specialist Program must receive your request by the registration deadline for the exam you wish to take. Incomplete requests or requests not received by the registration deadline of the requested exam will be denied.

Accommodations are requested for the following exam: _____

Exam date (month/year): _____

Exam location (city, state): _____

Candidate's name: _____
Last First MI

Gender: ☐ Male ☐ Female

Date of birth: _____
Month Day Year

Address: _____
Street Apt #

_____ City State Zip Code Country

_____ Daytime phone number Email address

University/college or school (if applicable): _____

Nature of disability:

☐ Hearing ☐ Psychiatric ☐ Learning ☐ Visual ☐ Physical ☐ Other

How long ago was your disability first professionally diagnosed?

☐ Less than 1 year ☐ 1 – 2 years ☐ 2 – 4 years ☐ 5 or more years

What accommodation(s) are you requesting? (Accommodations must be appropriate to the disability.) _____

If requesting additional time, please indicate the amount of time as supported by your documentation:

☐ Additional break time (specify): _____

☐ Additional testing time (specify): _____

☐ Other (specify): _____

Do you require wheelchair access at the exam facility? ☐ Yes ☐ No

If you require an adjustable height table, please indicate the number of inches from the floor:

What other prior classroom or test accommodations have you received? _____

Complete the information below to indicate which of the standardized or other exams you have received accommodations for:

Have you requested accommodations on any prior standardized exams but been denied your requested accommodations? ☐ Yes ☐ No

If yes, please identify the applicable exam(s), state whether you tested without accommodations, and indicate your scores.

If you received accommodations at a school you attended, complete the following. If the accommodations included tested accommodations, have an appropriate official at your school, university, or college complete the Certification of Prior Test Accommodation form.

- College: ☐ Yes ☐ No

If yes, accommodation(s) received: _____

- Secondary or elementary school: ☐ Yes ☐ No

If yes, accommodation(s) received: _____

To document your need for accommodation as completely as possible, complete the attached personal statement describing your disability and its impact on your daily life, your educational functioning, and your ability to take the exam under standard conditions. While your comments should address standardized test performance, they should also address your overall functioning. In addition to your personal statement, you must also attach documentation from a qualified professional.

If clarification or further information regarding the documentation is needed, I authorize DSA to contact the professional(s) who diagnosed the disability and/or those entities that have previously provided me with accommodations. I authorize such professional(s) and entities to communicate with DSA in this regard and to provide DSA with copies of relevant documents. I also authorize DSA to provide information and documents relating to my request, at its discretion, to third-party consultants who have expertise that is relevant to the disability which prompted my request for accommodations.

Signature

Date

Mail your completed questionnaire, your personal statement, and supporting documents from the appropriate qualified professional(s) to:

DSA
Attn: Elizabeth Randolph
1102 Q Street, Ste 5100
Sacramento, CA 95811



Certification of Prior Test Accommodations

To be completed by a school official responsible for student disability services.

Candidate's Name: _____
Last First MI

I, _____, hold the position of _____
Name of School Official Title

I certify that _____
Name of Institution

Officially approved and provided the following test accommodations for the above candidate
beginning _____
Date (Month-Year)

Accommodation(s) provided: _____

Print Name

Date

Signature

Daytime Phone Number

Candidates, mail to:
DSA
Attn: Elizabeth Randolph
1102 Q Street, Ste 5100
Sacramento, CA 95811